

Medically Necessary WIC Approved Formula Request Form



Participant Name: _____ Date of Birth: _____ Today's Date: _____

Please complete **Parts A and B** to prescribe a **Medical Formula**. All requests are subject to WIC staff approval.

A. Medical Formulas/Nutritional Products

Please check the requested formula, specify the amount, include the diagnosis, and the length of time the formula is necessary.

Prescribed Amount: ☐ Maximum Allowable OR _____ per day

Infant Products:

Hypoallergenic:

- ☐ Alfamino
- ☐ Alimentum
- ☐ Elecare
- ☐ Neocate
- ☐ Nutramigen Enflora LGG
- ☐ Pregestimil
- ☐ PurAmino

Premature/Low Birth Weight:

- ☐ Enfacare
- ☐ Neosure

Contract Formula:

- ☐ Gerber Good Start Soy
- ☐ Similac Advance
- ☐ Similac Sensitive
- ☐ Similac for Spit Up
- ☐ Similac Total Comfort

Other:

- ☐ _____

Pediatric and Adult Products:

- ☐ Alfamino Junior
- ☐ Boost Kid Essentials
- ☐ Boost Original (adult)
- ☐ Bright Beginnings Pediatric Drink (Soy)
- ☐ Carnation Breakfast Essentials
- ☐ Compleat Pediatric
- ☐ Elecare Junior
- ☐ Ensure (adult)
- ☐ EO28 Splash
- ☐ Neocate Junior
- ☐ Nutren Junior
- ☐ Nutramigen Toddler
- ☐ PediaSure
- ☐ PediaSure Peptide
- ☐ Peptamen Junior
- ☐ Tolerex
- ☐ Vivonex Pediatric
- ☐ Other: _____

*Specify special versions of formula
(i.e 1.5 kcal/oz., with fiber, enteral, etc.)*

Diagnosis:

- ☐ Milk protein allergy
- ☐ Soy protein allergy
- ☐ Malabsorption
- ☐ Prematurity
- ☐ Low or Very Low Birth Weight
- ☐ Tube Feeding
- ☐ Oral Motor Feeding Problems
- ☐ Other (please specify): _____

Length of Time Formula is Requested:

- ☐ Months of Age*: _____
- ☐ To 1 year adjusted age
- ☐ To the end of certification
- ☐ Other Date: _____

**Infants should be re-assessed at 6 months
for supplemental food readiness*

B. Supplemental Foods (for Infants 6 months and older, Children and Women)

Please review the food packages to be issued on the back and check the appropriate issuance for the participant below, or;

- ☐ **Defer to Local WIC Registered Dietitian to determine appropriate supplemental foods and length of time of their issuance.**

Infants (6-12 months)

- ☐ Provide full food package
- ☐ Issue medical formula only (no foods)

Delete the following items from the food package:

- ☐ Infant cereal
- ☐ Infant vegetables/fruit
- ☐ Fruit/Vegetable Benefit 9-11 mo (partial substitution)
- ☐ Infant meats

Children and Women

- ☐ Provide full food package
- ☐ Issue Whole Milk (children >2 and women) **in addition to** medical formula (Part A)
- ☐ Issue medical formula only (no foods)

Delete the following items from the food package:

- ☐ Cow's Milk
- ☐ Peanut Butter
- ☐ Eggs
- ☐ Whole Grains
- ☐ Tuna/Salmon
- ☐ Cheese
- ☐ Cereal
- ☐ Fruits/Vegetables
- ☐ Dry/Canned Beans
- ☐ Juice

Special Instructions/Restrictions

- ☐ Substitute soy beverage for cow's milk
- ☐ Substitute goat's milk for cow's milk
- ☐ Substitute infant cereal for child
- ☐ Substitute infant fruits/vegetables for fruits/vegetables cash benefit child or woman
- ☐ Other: _____

Health Care Provider Name

And Credentials(Printed): _____ (Signature): _____ Phone Number: _____

Effective 06/23/2016



Prescribing Medical Formula and Supplemental Foods
for Montana WIC Participants

WIC participants with qualifying medical conditions are eligible to receive medical formula with the maximum amount based on the participant's age and category. Infants six months and older, children and women may also receive supplemental foods for their category, as listed below.

If a participant may receive the full amount of formula as listed below, please check the "Maximum Allowable" box under Medical Formula (Part A) on the front page. If a participant is to receive less, or an item is to be deleted, please indicate the item in the same box.

For Supplemental Foods, Part B, please review the WIC supplemental foods below and indicate on the front page which foods to delete or substitute for the participant. If a participant may receive the full food package, please mark the box indicating this. Please add any special instructions or information if you would prefer to have the WIC RD select and assign the supplemental foods please check the box in part B..

	0-3 months	4-5 months	6-11 months	6-11 months (when solids are contraindicated)
Infant Formula:				
Powder (reconstituted)	Up to 870 oz.	Up to 960 oz.	Up to 696 oz.	Up to 960 oz.
Concentrate (reconstituted)	Up to 823 oz.	Up to 896 oz.	Up to 630 oz.	Up to 896 oz.
Ready-to-feed	Up to 832 oz.	Up to 913 oz.	Up to 643 oz.	Up to 913oz.
Infant Foods:				
Infant Cereal	None	None	3 8 oz. containers	None
Infant Vegetables/Fruits	None	None	32 4-oz. jars (formula fed) 64 4-oz. jars (fully breastfed)	None
Infant Meats (Fully breastfed only)	None	None	31 4-oz. jars	

Children 1-5 years
Up to 910 oz. formula
4 gallons milk*
2 64-oz. bottles juice
36 oz. cereal
1 dozen eggs
\$8 fruit and vegetable benefit
18 oz. peanut butter or 1 lb. dry beans or 4 16-oz. canned beans
2 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas

*Cheese may be substituted for some milk.

Fully Breastfeeding Women	Pregnant or Substantially Breastfeeding Women	Partially and Non-Breastfeeding Women
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula
6 gallons milk and 1 lb. cheese	5 1/2 gallons milk*	4 gallons milk*
3 12-oz. juice (frozen)	3 12-oz. juice (frozen)	2 12-oz. juice (frozen)
36 oz. cereal	36 oz. cereal	36 oz. cereal
2 dozen eggs	1 dozen eggs	1 dozen eggs
\$11 fruit and vegetable benefit	\$11 fruit and vegetable benefit	\$11 fruit and vegetable benefit
18 oz. peanut butter AND 1 lb. dry beans or 4 16-oz. cans beans	18 oz. peanut butter AND 1 lb. dry beans or 4 16-oz. cans beans	18 oz. peanut butter or 1 lb. dry beans or 4 16-oz. cans beans
1 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas	1 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas	None
30 oz. tuna or pink salmon	None	None

Please contact your local WIC agency with any questions.